

**Summary of the USAID Mission Satisfaction Survey**

**On the POLICY Project's Work**

**Judith R. Seltzer**

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# **Summary of USAID Mission Satisfaction Survey of the POLICY Project's Work 2003**

## **Introduction**

USAID awarded a contract for the POLICY Project to The Futures Group, International (TFGI) in 2000. Subcontractors include the Centre for Development and Population Activities and the Research Triangle Institute. The contract for this project is a single five-year cost-reimbursement-plus-award fee. The project is evaluated on an annual basis to determine eligibility for the award fee. In May 2002 during the project's second year, POLICY's work was evaluated on the basis of USAID Missions' satisfaction with the quality and timeliness of the project's activities. The POLICY Project work was evaluated a second time in May-June 2003.

## **Methodology**

An independent consultant conducted a telephone survey of USAID missions in 10 countries and regions between May 16-June 16, 2003. As in the first round of this survey conducted in 2002, USAID/Washington and TFGI staff jointly selected country and regional activities. The countries and regions included in the 2003 survey are different from those in 2002 although all four geographic regions are again included. The selection ensures reasonable representation of the POLICY Project's work.

Three of the 10 interview sites have large programs (Zambia, Philippines, and Peru) with obligations of \$2 million or more for years 1-3. Four countries have moderate programs (Mozambique, Tanzania, Cambodia, and Egypt) with obligations of \$1 to \$1.9 million. Three sites have smaller programs (Southern Africa Region, Russia, and Haiti) of under \$1 million in obligations. All sites in the sample have a range of policy activities and foci in reproductive health/family planning (RH/FP) and/or HIV/AIDS, and several have minor work in maternal health (MH).

## **Country and Regional Activities included in Mission Satisfaction Survey May - June 2003**

<u><b>Africa</b></u>	<u><b>ANE</b></u>	<u><b>E&amp;E</b></u>	<u><b>LAC</b></u>
Mozambique	Cambodia	Russia	Haiti
Southern Africa	Egypt		Peru
Tanzania	Philippines		
Zambia			

The Quality Assurance and Evaluation Advisor on TFGI's staff and the POLICY Project's CTOs prepared the survey questionnaire. It is very similar to the questionnaire used in 2002 except that two questions comparing the POLICY Project's work to other USAID-supported projects were dropped since a number of respondents for the 2002 survey objected to making comparisons among projects. The only other change in the survey instrument was that respondents were asked to give a numerical score for four of the 10 questions. Appendix A is a copy of the questionnaire, and Appendix B is a copy of all completed questionnaires.

## Survey Results

The results of the survey are presented in the table below for the four closed-ended questions (Nos. 1, 2, 3 and 9) and in separate narrative summaries for the six open-ended questions (Nos. 4-8 and 10). In general, the POLICY Project receives very high marks from USAID missions. The technical quality of the work is highly considered, staff are seen to be of high quality and appropriate for the various assigned tasks, and work with counterpart organizations in the 10 countries is well considered. Similarly, timeliness of reporting and work is viewed very favorably. The responses to the opened-ended questions show that the POLICY Project is considered a vital player in USAID Missions' policy work in the respective countries.

### Summary of USAID Mission Responses to Questions Nos. 1, 2, 3 and 9 on Quality and Timelines of the POLICY Project's Work

Question	Scores Given by Missions	
	Average	Range
1. Technical Quality	86.4	73-95
2. Staff Qualifications	86.3	70-98
3. Work w/ Counterparts	90.5	75-95
9. Timely Reporting	84.3	61-95

#### **Question 4. What are examples of the POLICY Project's work in your country with which you have been particularly pleased with?**

All staff of USAID Missions in the 10 countries offered numerous examples of the POLICY Project's work in their countries and regions with which they had been particularly pleased. Six of the respondents cited POLICY's work on HIV/AIDS, and five gave examples of work in RH/FP. POLICY's efforts with local, regional, and national groups for advocacy on HIV/AIDS and RH/FP were highlighted, and several respondents gave examples of effectiveness in building networks and community mobilization. Several respondents also mentioned the project's policy research and technical analysis.

Selected country-specific examples are cited below.

## Africa

### Mozambique:

The Mission is most pleased with the work of the multi-sector technical group including training groups in the provinces. Members are leading scientists, researchers, statisticians, and so forth. POLICY has gotten this group together and excited. There is also a degree of integrity to the group because it is multi-sector, and no one ministry (e.g., MOH) is boss.

### Southern Africa Regional HIV/AIDS Program:

POLICY's work in non-USAID presence countries (Botswana, Lesotho, and Swaziland) is especially good, e.g., the program of small grants to community-based organizations.

### Tanzania:

The Mission is pleased with the project's assistance on the performance monitoring plan, the assessment of policy environment for RH, and HIV/AIDS (i.e., the Ministry of Justice's legal assessment of HIVAIDS, support to the Tanzanian Parliamentary AIDS Coalition, and work with faith-based organizations).

### Zambia:

Human rights work has been outstanding. Last year, project staff brought together various groups on HIV/AIDS and human rights. Staff members assisted work on family and property rights, e.g., reviewed existing legislation and sponsored open forums on these issues.

## ANE

### Cambodia:

Although the project's work is still in the formative stages, two areas of assistance were mentioned: 1) involving local partners, and 2) engaging national partners (i.e., National AIDS authority).

### Egypt:

The Mission cited POLICY-supported studies (e.g., the Egypt Family Planning Cost Study), training workshops on policy analysis and presentation skills, and assistance with the formation of Aswan NGO coalition. In its assistance to the Ministry of Health and Population, the project facilitated the coming together of "youth champions" who identify issues of RH for youth.

### Philippines:

The project's advocacy work on FP and HIV/AIDS at the local level is very good. Other CAs have adopted the project's approach to working with local groups. The Mission commends the project's work in HIV/AIDS, and the government of the Philippines has adopted POLICY's model at the local level. The project's work in contraceptive self-reliance is also notable including a market segmentation study being used in one Northern province.

## E&E

### Russia:

POLICY is especially good at building networks at national and regional levels for advocacy in RH. Advocacy is a new concept in Russia, and even the translation of the word is difficult to understand. The project's work in RH will be used as a model by stakeholders in other fields.

## LAC

### Haiti:

POLICY staff put together a conceptual framework for the Mission's community mobilization activities.

### Peru:

The Mission is in its third year of monitoring FP activities in Peru since the Tiahrt Amendment of 1998. POLICY has assisted this work, e.g., by conducting very sound research such as a study of health facilities.

## **Question 5. What are some areas in which POLICY could further improve the project's work?**

Respondents to this question highlighted several areas for improving POLICY's work in their countries. Three Missions mentioned that more work should be done to strengthen local groups including the project's own local staff. The staff in Tanzania calls for organizational development of the local POLICY project, and staff in Cambodia would like to see more capacity building of local project staff. The respondent in Peru said that institutional self-sufficiency is important with good advance planning to bring the local groups along in this process.

Another topic of concern to two Missions is the relationship between the local project and the USAID Mission. In Egypt, POLICY's local staff should view USAID as one of its clients and be more pro-active, collegial, and less hierarchical in its dealings. In Russia, Mission staff wants the local POLICY project to monitor the evolving policy process more closely and to keep USAID informed in advance of policy changes.

Finally, two Missions want to see the project move from a project perspective to a broader program focus. In the case of Zambia, POLICY is also encouraged to be a quiet partner in its work with Zambian institutions. In Egypt, the Mission sees a need for a broader approach to family planning ("not a bunch of stove pipes") that goes beyond one-shot activities and also works more with the Maternal and Child Health project.

Additional country-specific examples are cited below.

## Africa

### Mozambique:

Improvements are needed on the quantity but not the quality of the project's work. POLICY could do more things, e.g., a needs analysis of

the workplace including cost estimates for the treatment for HIV-positive employees to show employers.

Southern Africa Regional HIV/AIDS Program:

POLICY needs to use more local contractors and local consultants of color for carrying out some activities, e.g., logistics and facilitating workshops.

#### ANE

Cambodia:

The POLICY team in Cambodia needs to focus on a few good deliverable outputs beyond research and studies.

Egypt:

The content of the project's quarterly reports is not cumulative and thus not very useful, and the reports are hard to follow. The reports often fail to tell about important work that POLICY is doing in Egypt. Also, project staff focuses more on project implementation and operational policies (headquarters staff) and not enough on policy work, which is still needed in Egypt. For example, coalition of NGOs is very active but is not policy oriented.

Philippines:

POLICY is moving from carrying out pilot tests and studies to using the results to improve policy work, especially in the past one and one-half years. Despite the challenge, the project is responding to the new USAID emphasis on operationalizing results.

#### LAC

Haiti:

USAID has asked POLICY staff to look at a recent assessment of information technology in particular, management information systems, and develop this area.

### **Question 6. What are some other areas in which you would like to see POLICY work?**

Common themes are few in response to this question. Three USAID Missions said that POLICY is doing enough in their countries, and no new work is needed (Zambia, Philippines and Peru). Two Missions cited a need for work on the legal, regulatory and/or policy framework on HIV/AIDS (Mozambique and Cambodia) and on RH/FP (Mozambique). One respondent mentioned local capacity building (Southern Africa Regional HIV/AIDS Program), and another said organizational development of the local group with which POLICY is working (Tanzania). This need is similar to the Tanzanian Mission's response to question 5 although in that case organizational development refers to the local POLICY project.

Additional country-specific examples are cited below.

## Africa

### Southern Africa Regional HIV/AIDS Program:

More pragmatic work is needed such as implementing on-the-ground activities and service delivery even though this is a policy project.

#### Tanzania:

USAID and POLICY staffs are developing a work plan. Tanzania has recently completed a census and survey with HIV indicators. Policy work is probably needed on information tools to get the results disseminated and used.

#### Zambia:

POLICY has found its niche in Zambia. Although POLICY is a leader in national advocacy, USAID has the project doing more multi-sector work in HIV/AIDS including more with the Ministry of Education, local governments, the agricultural sector, and also Democracy and Governance partners. USAID is asking POLICY to become expert in multi-sector work on HIV/AIDS so that the project will show models of what is effective and identify lessons learned.

## ANE

### Cambodia:

Similar to the response to question 5, project staff proposes too many disparate activities, and the work is too *ad hoc*. Staff needs to develop an advocacy plan. While research studies are acceptable, the project should move from study to action. In addition to the above-cited legal and policy framework for HIV/AIDS legislation, project staff needs to look at obstacles to implementation and determine what can be acted on. It also needs to do more community organizing with local NGOs.

#### Egypt:

USAID Mission staff highlighted three other areas for the project's future work:

- Pricing controls on pharmaceuticals, which is hurting family planning in Egypt
- More advocacy for female sterilization including work with physicians to help them view the procedure as life saving since many professionals have shied away from performing sterilizations in the last 10 years
- More integrated FP/MCH with a performance bonus system that includes integration

#### Philippines:

Probably no new areas of work are needed since the Mission is consolidating current CAs' work by moving contractors into one large bilateral in preparation for an eventual close out of the USAID program.

## E&E

### Russia:

It would be useful to have POLICY work on broader areas in MCH especially since the Mission's major project (Mother and Women Project) ends in Fall 2003. While there will be a new MCH project in the fall, it

will work in only two regions. The Mission would like to have more policy work in 10 or more regions assuming local interest and available funds. POLICY should disseminate its past work and help to empower agencies in other regions.

#### LAC

##### Haiti:

POLICY is now more involved in HIV/AIDS although in the past, it worked mostly in RH. The Mission has confidence in the project's expertise in this newer area for USAID assistance in Haiti.

##### Peru:

POLICY is working in family planning, decentralization, HIV/AIDS, and policy. That's enough.

#### **Question 7. How would you describe POLICY's responsiveness to USAID mission requests and program priorities? Can you give a specific example?**

Overall, the POLICY Project gets high marks on responsiveness. Four Missions described the project's responsiveness as outstanding (Mozambique, Tanzania, Russia, and Peru). Three others said POLICY was very responsive (Zambia, the Philippines, and Haiti). The respondent for the Southern Africa Regional HIV/AIDS Program said the project was responsive. All of these respondents provided examples of POLICY's responsiveness. Two Missions pointed to problems with responsiveness: Egypt where local staff responds to project headquarters more than to the USAID Mission, and Cambodia where local staff is slow in its work and not responsive. Given the needs cited by USAID/Cambodia in response to questions 5 and 6, the lack of responsiveness is obviously related to general staff limitations.<sup>1</sup>

The project was praised for its flexibility and willingness to work outside the work plan (Southern Africa Regional HIV/AIDS Program, Tanzania, and Haiti) and also for undertaking challenges as with faith-based groups in Zambia.

Selected country-specific examples are cited below.

#### Africa

##### Mozambique:

Staff has helped with a variety of tasks, e.g., evaluating activities of other projects and doing this in a timely manner.

##### Southern Africa Regional HIV/AIDS Program:

There is good communication and a good relationship. For example, the USAID Mission assisted by the director of the POLICY Project had to fight some

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<sup>1</sup> While responsiveness is a problem and is directly related to staff limitations, the POLICY Project's approach to employing local staff, which develops and carries out the project's work, is - in the opinion of this consultant - the much preferred mode of assistance to promote local capacity development even though it is usually more difficult than relying on expatriate expertise.



headquarters staff at both USAID and POLICY to get approval of its small grants program.

**Tanzania:**

POLICY is very good in supporting partner meetings. Although not in POLICY's work plan, the project has assisted the development of the National AIDS Control Program, which is very critical to Tanzania.

**Zambia:**

USAID Mission staff considers POLICY one of the partners that responds well, e.g., in human rights and training for people in HIV/AIDS at district level. POLICY has worked with three main Christian religious groups (Catholics, Protestants, and Evangelicals) and has gotten them involved in prevention in addition to their work treating persons with HIV/AIDS.

**ANE**

**Cambodia:**

Local POLICY staff is a little slow, but USAID has had good discussions with the staff and hopefully the work will get better. Using the social and economic impact study of HIV/AIDS, project staff is beginning advocacy work. However, given the time lag of one year between the conduct of the study and developing an advocacy plan, the study results are out-of-date. Project staff was not responsive to work with the Cambodian Midwives Association.

**Egypt:**

See 5 above although the headquarters staff member is always very responsive and excellent. Local POLICY staff is too focused on responding to the project's headquarters.

**Philippines:**

Project staff has been very good at organizing stakeholders on contraceptive self-reliance. In the last year, the USAID Mission has helped POLICY staff look at key Mission issues, and its work is more focused as a result.

**E&E**

**Russia:**

POLICY is always willing to listen and respond to USAID needs and is always collaborative. This is excellent. Among the contractors working for USAID in Russia, it is the best.

**LAC**

**Haiti:**

Every time USAID staff meets with POLICY staff about a new task, staff members are willing and able to be flexible. Project leadership in community mobilization is a perfect example.

**Peru:**

The project's Country Director is especially capable in areas such as surgical contraception, the Tiahrt Amendment, the design of HIV activities for the Global Fund, and work with civil-society organizations.

**Question 8. How would you rate the comparative quality of POLICY's work in FP/RH, HIV/AIDS, and Safe Motherhood?**

Many respondents had little to say about the comparative quality of the project's work across different health areas because most Missions emphasize only one area. Four respondents work in countries or regions where HIV/AIDS is the sole or primary focus (Mozambique, South African Regional HIV/AIDS Program, Tanzania, and Cambodia). Two respondents work in countries where FP/RH is the primary focus (Egypt and Haiti, although HIV/AIDS is an emerging area for POLICY in Haiti).

Respondents from countries that have more than one area of work had relatively few comments on comparative quality. Staff from the two Missions (Peru and the Philippines) where the POLICY Project works in both FP/RH and infectious diseases reported that the quality of work is good in both. The respondent from Zambia, where HIV/AIDS work is strong, stated that RH activities are too new to make comparative statements. USAID staffs in Cambodia, Philippines, and Peru, where there is only minor emphasis given to Safe Motherhood, have nothing to say about the quality of the work in that health area. Even the respondent from Russia, where there is some MCH work and Safe Motherhood, had nothing to say of a comparative nature.

The country-specific comments that have any mention of comparative quality appear below.

ANE

Cambodia:

The USAID Mission in Cambodia is overwhelmingly focused on HIV/AIDS. This effort is most important, has the most output, and is best in quality. Family planning is second, and there is almost nothing in Safe Motherhood except for the work with midwives.

Philippines:

The Mission's focus is first FP and second infectious diseases (TB and HIV/AIDS). The work in HIV/AIDS with the Dept. of Interior and Local Government is very good and is seen as a model that can be applied more widely in the country. While the model is good, it is too expensive. HIV/AIDS work is good quality and being done at low cost, around \$200,000. Advocacy work in FP at the local level is very good. The local advocacy work in FP in three municipalities in three provinces is rather expensive. (NB to Liz and Rose, I want to go back to Mission staff since my notes are confusing.)

E&E

Russia:

POLICY is working mostly in FP/RH. But in some regions, POLICY does work more broadly on MCH and Safe Motherhood. In 1998, a

separate Russia family planning program was linked with Safe Motherhood.

LAC

Haiti:

FP/RH is definitely project's strong point, and staff is developing expertise in HIV/AIDS in Haiti.

Peru:

Core funds supported a study of Safe Motherhood. That is all that has been carried out in MH. POLICY works mostly in FP/RH and HIV/AIDS and is stronger in these areas.

This question is the only one of the ten questions in the survey that asks respondents for a comparative assessment. This comparative question, while different from those in 2002, again did not yield very useful results and probably should be dropped if there is a third round of assessments.

**Question 10. Do you have any other comments on the frequency or timeliness of POLICY's reports?**

Six of the 10 respondents had no other comments on the frequency or timing of project reports since there were no issues of concern. One Mission, USAID/Russia, explained that reports emanating from networks were, by definition, less timely, but staff understood and accepted this fact. Three respondents had specific further comments, which appear below.

Africa

Tanzania:

Reporting is poor, and the local POLICY staff needs reminders.

Zambia:

Project staff should prepare shorter and more synthesized reports.

ANE

Cambodia:

While administrative reporting is fine, there are problems with the frequency and timeliness of technical reports.